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NEW MEXICO OIL CONSERVATION COMMISSION

Form C-103
Supersedes Old
C-102 and C-103
Effective 1-1-65

5a. Indicate Type of Lease	
State <input type="checkbox"/>	Fee <input checked="" type="checkbox"/>
5. State Oil & Gas Lease No.	

SUNDRY NOTICES AND REPORTS ON WELLS (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)

1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>	7. Unit Agreement Name
2. Name of Operator <i>Juanita Frank</i>	8. Farm or Lease Name <i>Breathouse - Frank</i>
3. Address of Operator <i>to General Del. Cuba, N. Mex 87013</i>	9. Well No. <i># 2</i>
4. Location of Well UNIT LETTER <i>C</i> <i>1021</i> FEET FROM THE <i>North</i> LINE AND <i>1966</i> FEET FROM THE <i>West</i> LINE, SECTION <i>10</i> TOWNSHIP <i>13-N</i> RANGE <i>1-W</i> NMPM.	10. Field and Pool, or Wildcat <i>Wildcat</i>
15. Elevation (Show whether DF, RT, GR, etc.) <i>7352</i>	12. County <i>Pio Arizaba</i>

Check Appropriate Box To Indicate Nature of Notice, Report or Other Data NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:

PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	OTHER <input type="checkbox"/>	CASING TEST AND CEMENT JOB <input type="checkbox"/>	OTHER <input type="checkbox"/>

17. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1103.



Size of hole *13 3/4" - SURFACE* Size of casing - *8 5/8"* wt *20 lbs* *96'*
7 7/8" *4"* *3100'*
140 sat

18. I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNED *Juanita Frank* TITLE *Operator* DATE *Sept 17/74*

Original Signed by *Cheryl C. Arnold*
APPROVED BY

TITLE *SUPERVISOR DIST. #3*

DATE *SEP 28 1974*

CONDITIONS OF APPROVAL, IF ANY: